

CITY OF ELK RIVER SAFETY COMMITTEE ACCIDENT REVIEW SUMMARY FORM

NAME (this will not be given to Safety Committee):	DEPARTMENT: COD/Wastewater
--	--------------------------------------

ACCIDENT INFORMATION

DATE (OF ACCIDENT): 6/29/16	TIME: 8:30 a.m.
LOCATION: Along fence	TYPE OF VEHICLE (IF INVOLVED):
INJURY? (YES OR NO) Yes	WORK COMP CLAIM FILED? (YES OR NO) No
PROPERTY DAMAGE? (YES OR NO. IF YES, DESCRIBE) No	
NATURE OF ACCIDENT (be specific, include work activity at time of accident): Wire sticking out of fence, pulling hose out to hydrant, ran arm across wire, cut on arm.	
ENVIRONMENTAL FACTORS: None.	
UNSAFE CONDITIONS: Wire was hanging off hydrant and now it is removed.	
ACTION TAKEN: Removed wire.	

SAFETY COMMITTEE RECOMMENDATION (to be filled out by Committee): The Safety Committee did not have any recommendations. <i>(July 20, 2016 meeting)</i>
--